

**MSG**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

RYAN SAMSEI 59570

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Chester County Prison

Warden M. Faller

Director Sack Henry

Officer Brenden

**COMPLAINT**under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)**12 3242**

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name RYAN SAMSEI  
 ID # 1637445  
 Current Institution Chester County Prison  
 Address Sgt. S. Kucharski Rd  
West Chester PA 19382

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Warden McFallen Shield # N/A  
Where Currently Employed Chester County Prison  
Address 501 S. Wawaset Rd  
West Chester PA 19382

Defendant No. 2 Name Director Jack Healy Shield # N/A  
Where Currently Employed Chester County Prison  
Address 501 S. Wawaset Rd  
West Chester PA 19382

Defendant No. 3 Name C.O. Brennan Shield # \_\_\_\_\_  
Where Currently Employed Chester County Prison  
Address 501 S. Wawaset Rd  
West Chester PA 19382

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Chester County Prison

B. Where in the institution did the events giving rise to your claim(s) occur? F-Building

C. What date and approximate time did the events giving rise to your claim(s) occur? Nov 97-11 through Dec 12-11 and March 4<sup>th</sup> 2012 to Present

What  
happened  
to you?

D. Facts: I WAS Placed in Chester County Prison as a State inmate awaiting a grand jury at Seigshuster when I was working officer Brendan would contact me being Jewish. He would at times Refuse me work. When the state came to get me the first time being here the county Refused me my legal mail and Property statements they would send it to me, they never did. I was Shipped back down to Chester County Prison where I watched Sheriff members go through my mail and Property destroying it. While here I was told I can not have Kosher meals and I could not see a Rabbi as needed. I was told if I want to Practice my Religion I should change it.

Who  
did  
what?

MR HEALY, Warden M. Triller when told I was Jewish and they still Refuse me Kosher meals. A Rabbi came a week. They had CO's go through my legal mail and mail due to me talking to the news paper about a Death that for Prison Counsel Rogerich has threatened me to change my statement to the Det office. and I have been Aloud since being called a Rat liar By members of staff. my legal mail from US District Court has been torn and copied and Refused to me.

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

Phil TAPA 60192. Rabbi HAPLAN 303 W LANCASTER AVE # 218  
WAYNE PA 19087. DR inmate Brown.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

N/A

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
- Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Chester County Prison

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Theft, Inmate Legal Mail, Postage, Prisoner and Legal Mail

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed through the state's grievance system along with county's.

1. Which claim(s) in this complaint did you grieve? Theft, Abuse, Retention, Practice of Religion, Postage, and Inmate Legal Mail, and Inmate Legal Mail

2. What was the result, if any? None.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I wrote to Public Defender's Office where they are not interested. Along with making Request to the Chester County Court House. But I used the Adm 802 form I heard only from the PD's office and not the court house.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: N/A

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I HAVE CONTACTED CAMPBELL TA AND Wrote to the Following People. Superintendent Eastern Region of Doc. David DiGirolamo MARK SACHSEN OF CHESTER SCI. MR GRANOTT OF SCI CHESTER. Warden M. FALLEN OF CHESTER COUNTY PRISON. DIRECTOR HEARSH OF CHESTER COUNTY PRISON. I ALSO CONTACTED JACK CANNES REGION SERVICES OF CHESTER COUNTY.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I AM seeking to be PLACED in a SCI where my needs CAN be ACCOMMODATED do to me being a STATE INMATE. For Monetary Compensation I'm seeking for the Amount of 200,000 dollars For Refusing me to Practice Religion 700.00 For theft and destruction Property 90,000 For Refusing and destroying legal mail And more. total Amount of 290,700.00

01 PS 5151

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NA

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number NA

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

On these claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Yes

C. Have you filed other lawsuits in state or federal court?

Yes \_\_\_ No Yes

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff JD  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number NA

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of Plaintiff [Signature]

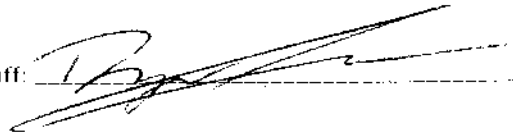
Inmate Number 59510

Institution Address West Chester County Prison  
501 S. WAWASET RD  
West Chester PA 19382

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'D. [unclear]', written over a dashed line.





**TO** KB9945 Samsel, Ryan  
SCI-Chester

**FROM** Michael Damore   
Staff Assistant-Eastern Region

**DATE** April 19, 2012

**RE** **Correspondence**

This serves as response to your correspondence addressed to former Deputy Secretary Goldberg concerning your placement at a county jail. It has been referred to me for review and response.

In your correspondence, you expressed your desire to be housed at SCI-Camp Hill. Although I understand your desire to choose a State Correctional Institution, offenders are not permitted to choose where they are housed. Concerning the Rabbi visiting the prison, I suggest you work with Unit Management staff and if you are not satisfied utilize the DC ADM 804.

I trust that your concerns have been adequately addressed.

/MDD

cc: Superintendent Thomas  
B. Weaver #2012-C23-000000102  
Central Files  
File



**TO** KB9945 Samsel, Ryan  
SCI-Chester

**FROM** Michael Damore   
Staff Assistant–Eastern Region

**DATE** April 19, 2012

**RE** **Correspondence**

This serves as response to your correspondence addressed to me concerning numerous issues.

In your correspondence, you expressed many issues which have been or are being addressed through your counselor Mr. Giannetti. I suggest you be patient and continue to work with your Unit Management team.

I trust that your concerns have been adequately addressed.

/MDD

cc: Superintendent Thomas  
N. Capstick #2012-C28-000000046  
Central Files  
File



**TO** KB9945 Samsel, Ryan  
SCI-Chester

**FROM** Michael Damore   
Staff Assistant-Eastern Region

**DATE** March 19, 2012

**RE** **Correspondence**

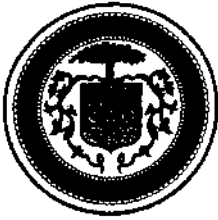
This serves as response to your correspondence addressed to former Deputy Secretary Gnall concerning your placement at a county jail, then back to SCI-Chester, then back to the county. It has been referred to me for review and response.

In your correspondence, you expressed your frustration with being housed in Chester County Jail then being moved to SCI-Chester then back to the county jail. Although I understand your desire to choose a State Correctional Institution, offenders are not permitted to choose where they are housed. Concerning your property I suggest you work with Unit Management staff and if you are not satisfied utilize the DC ADM 804.

I trust that your concerns have been adequately addressed.

/MDD

cc: Superintendent Thomas  
N. Capstick #2012-C28-000000034  
Central Files  
File



## OFFICE of PUBLIC DEFENDER

Bucks County Administration Building  
55 East Court Street  
Doylestown, PA 18901

**CHRISTINA A. KING**  
Public Defender

(215) 348-6474  
Fax (215) 348-6499

April 26, 2012

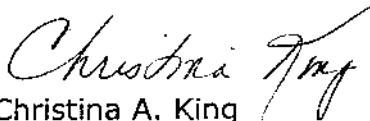
Jack Healy  
Director of Inmate Services  
Chester County Prison  
501 S. Wawaset Road  
West Chester, PA 19382

**RE: Ryan Samsel**

Dear Mr. Healy:

I have received a letter from an inmate by the name of Ryan Samsel, inmate number 59510. Mr. Samsel believes that the prison is in possession of legal paperwork that he needs for his defense. If you have such paperwork would you please make arrangements to have it turned over to him?

Very truly yours,

  
Christina A. King  
Public Defender

CAK:dm

cc: Ryan Samsel

Family Court Administration  
201 West Market Street, Suite 4100  
P.O. Box 2746  
West Chester, Pa 19380-0989

Melanie McAteer, Esquire  
Family Court Administrator

Sara Isabel Moix  
Assistant Family Court Administrator

March 6, 2012

Ryan Samsel  
#KB9945  
500 E. 4<sup>th</sup> Street  
Chester, PA 19013

Dear Mr. Samsel,

I've received your letter requesting information about filing for a PFA. However, PFAs are reserved for victims of Domestic Violence. Therefore, the relationship must be one of consanguinity, affinity or an intimate partner and it does not cover the relationship or type of abuse you are referring to. I recommend you speak to your attorney for legal advice. If you do not have an attorney you may contact the Lawyer Referral Service at (610) 429-1500.

Sincerely,

  
Sara I. Moix  
Assistant Family Court Administrator